•	PATENT A	_	N FEE DE e Decemb	RD		~	<u> </u>	.//		12				
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMAL		ENTITY	OR	OTHER SMALL E	
FOR			NUMBER FILED			NUMBER EXTRA			RATE	_	FEE		RATE	FEE
BASIC FEE											345.00	OR		690.00
TOTAL CLAIMS			9	minus 2	<u>?</u> 0=	·	-		X\$ 9:			OR	X\$18=	
INDEPENDENT CLAIMS			5 minus 3 =			· <i>2</i>			X39=			OR	X78=	156
MU	LTIPLE DEPEN	DENT (CLAIM PF	IESENT		·			+130=				+260=	~~
- 15	* If the difference in column 1 is less than zero, enter "0" in column 2											OR	TOTAL	846
			TOŢA	۱ ۲		OR	OTHER							
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							_	SMAL	L E	ENTITY	OR	SMALL E		
ENT A	A	REM/	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 9	,	Minus		20	3	_	X\$ 9=	-	٠,	OR	X\$18=	
AME	Independent	· <i>g</i>	,	Minus	•••	. 5	=		X39=			OR	X78=	
Ĥ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130=		`	OR	+260=	
									TOT	AL		 OB	TOTAL	· · ·
		(Col:	umn 1)		((Column 2)	(Column 3)	A	ADDIT. FI	EE		 	ADDIT. FEE	
ENT B	7	CL REM AF	AIMS AINING TER NDMENT		Pf	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NO.	Total	. 5)	Minus ••		20	=Ø		X\$ 9=			OR	X\$18≟	
AMENDMENT	independent-	• 4		Minus	•••	<u> </u>	=',Ø		X39=			OR	X78=	
Ĥ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130=			1	+260=	
										ΆL		OR	TOTAL	
	•	(Cal	·		"	Catuma (I)	(Column 2)	A	ADDIT. F	EE		Un	ADDIT. FEE	
		CL	umn 1) AIMS			Column 2) HIGHEST	(Column 3)	l r			ÁDDI-	ı		ADDI-
AMENDMENT C		AF	IAINING FTER NDMENT		PI	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE		TIONAL FEE		RATE	TIONAL FEE
S	Total	ŀ		Minus	••		=		X\$ 9=	- ·		OR	X\$18=	·
AME	Independent	<u> </u>		Minus			=		X39=			OR	X78=	
	FIRST PRESE	1	+130:		·	1	+260=							
	If the entry in colu		+130: TOT		•	OR	TOTAL	 						
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												L		
•	The "Highest Num	nber Prev	viously Pai	id For (Total o	ir Inde	apendent) is the	e highest numbe	ar fou	ınd in the	ар	propriate bo	x in co	olumn 1.	

FORM PTO-875 (Rev. 12/99)